## State of South Dakota

## RECEIVED

## Candidate's or Committee's Report of Receipts and Expenditures

NOV 23 '04

Candidates and candidate committees: File in the office where you filed your nominating petition.  PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office, 500 E Capitol Ave., Pierre, SD 57501-5070
See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.
Name of Candidate or Committee Mel Olson
Complete Mailing Address Mel Olson, 600 West Third Avenue, Mitchell SD 57301-2434
Name of Person Making Report Mel Olson Daytime Phone Number 605-996-1082
If you are a candidate, what office are you seeking?
If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.
Type of Report (See pages 4 & 5 of Guideline Book)  Termination
For Reporting Period Ending (See pages 4 & 5 of Guideline Book) December 31, 2004
The following verification must be completed before submitting report.
VERIFICATION OF PERSON MAKING REPORT
I (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.
Date: November 21, 2004  Candidate Signature or Signature of Committee Treasurer or Chairperson
Revised July 2001  Filed this 23 day of
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	4		Appendix B
Name of Gardidate or Con	nmittee Mel Olson		
For the reporting period er		·	
This schedule is used for reporting combine all contributions of \$100 contributions on their respective li year from an individual or politica amount, name, address and place of itemization. This schedule may be	Schedule A – Direct ( gall direct contributions. You must keep or less from individuals and the same fi nes below and on the next page. Any co all party and all contributions from PAC of employment (if applicable) of the cor aduplicated if you need more space, or	o a record of all contributors, but for rom political parties and enter these ontribution of more than \$100 or agg 's must be entered as a separate item intributor. Each type of contributor h you may attach additional sheets of	sums as unitemized gregate during a calendar (itemized) giving the as their own section for
Unitemized Contributions from	Individuals:		<b>*\$</b> _0.00
Itemized Contributions from Inc	dividuals Residence Address	Place of Employment (Name of Employer)	
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			\$

**Total of Itemized Contributions from Individuals:** 

•		Appendix B
Name of Candidate or Committee	Mel Olson	
For the reporting period ending 1	2/31/04	
Schedule A	A – Direct Contributions (continued)	
(¥) = 2		
Unitemized Contributions from Political Par	ties:	<b>*\$</b> 0.00
Itemized Contributions from Political Partie	s	
Party Name	Address	(4)
Tarry Name	Address	
——————————————————————————————————————		
		\$
Total of Itemized Contributions from Politic	al Parties:	<b>*\$</b> <u>0.00</u>
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		•
	Committees (PAC's) - All contributions from PAC's m	ust be itemized.
COTEL PAC	Address  P.O. Poy 57 Piorro SD 57501	<b>\$</b> 250.00
SD Manufactured Housing	P.O. Box 57, Pierre SD 57501 P.O. Box 70/7, Pierre SD 57501	\$ 250.00
SD Used Car Dealer Assn.	P.O. Box 707/, Pierre SD 57501	150.00
BIPAC	P.O. Box 190, Pierre SD 57501	\$ 250.00
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**Total of Itemized Contributions from Political Action Committees:** 

Total of Ali Direct Contributions (Sum of all lines with an \*)

Name of Candidate or Committee:	Mel Olson	
For the reporting period ending: $\frac{12/31/6}{6}$	04	
	Fund-Raising Events Proceeds money for the candidate and the net proceeds der	rived from each event. If a in the calendar year, those
Type or Name of Event		Net Proceeds
\$ - VO		
None		
Total:		0.00
Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value
lone		The state of the s
Total:		0.00
Schouse this schedule to report any refunds, interest earner	edule D - Other Income ed or other income which is not a direct contribut	ion.
Source of Income		Amount
ONE		
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T-4-1.		0.00

Name of Candidate or Committee:	Mel Olson	
For the reporting period ending:	12/31/04	e <sup>9</sup>

Schedule E – Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.

Expe		Contributions Made to Candidates and	1
Item	Amount	Name of Candidate or Committee	Amount
Advertising		Stephanie Herseth for Congress	100.00
Consulting			
Postage	260.00		
Printing			
Rent			
Salaries			
Telephone	47.00		
Travel	_4/_00		
Utilities	<u></u>		
List other expense items below	List other expense amounts below		
Office Pop etc.			
Page Shirts	100.00		
Leadership Fund	300.00 200.00		
Century Club ighes/Stanley Der			
em. Lunches	105.00		
aucus Events	459.00		
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us schedule is to report all on the second all of the second and the second all of t	of the candidate's campaign obligations which are unpaid at the end of the lled, estimate the amount of the obligation.	e reporting period. If a s
	and the same and same of the second	
wed to:	Purpose:	Amount
	None	
4	I paid for the "extra" expenses per	sonally.
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Name of Candidate or Committee: Mel Olson

Na	me of Candidate or Committee: Me.	l Olson	*
Fo	the reporting period ending: 12/3	31/04	
	s summary sheet will give a brief outline of all car n the schedules previously completed.	Summary Page mpaign finance activity during this reporting period. Ple	ease transfer all totals
1.	Amount on hand, if any, at the beginning	g of the reporting period:	<b>\$</b> 480.58
2.	Receipts		
	Schedule A - Direct Contributions	\$ 900.00	
	Schedule B - Fund-Raising Events	\$	
	Schedule C - In Kind Contributions	\$	4
	Schedule D - Other Income	\$0.00	
	Total of all Receipts	\$900.00	
3.	Total Monetary Receipts (A+B+D)		\$ 900.00
4.	Candidate's Personal Contribution to Ov	\$ 445.42	
5.	Monetary Loans to Candidate or Commi	\$	
6.	Monetary Loans Repaid During Reporting	\$ 0.00	
7.	Expenditures - Schedule E		\$ 1826.00
8.	Unpaid Obligations - Schedule F	\$	
9.	Amount on hand at the close of this report. This should equal lines (1+3+4+5) – (6+3+4+5)		\$

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